

**Fee: \$65****STATE OF CONNECTICUT INSURANCE DEPARTMENT****Application for Business Entity
Casualty Claim Adjuster License****Make check payable to: "Treasurer, State of Connecticut"****For Dept Use Only**
Date: _____
Filing Fee: _____
License Fee: _____

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ Tax ID# -	
⑥ DBA/Trade Name (if applicable)		⑦ State of Domicile		⑧ Country of Domicile	
⑩ Business Address		⑪ City		⑫ State	⑬ Zip
⑭ Phone Number () -	⑮ Fax Number () -	⑯ Business Web Site Address		⑰ Business E-Mail Address	
⑱ Mailing Address		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip

Designated/Responsible Licensed Casualty Claim Adjuster**㉓ Identify at least one licensed owner, partner, officer or director of the firm.**

Name _____	Title _____	SSN _____	Connecticut License Number _____
Name _____	Title _____	SSN _____	Connecticut License Number _____
Name _____	Title _____	SSN _____	Connecticut License Number _____

㉔ AUTHORITY APPLIED FOR:
ALL LINES: ____ ALL LINES EXCEPT WORKERS COMP: ____ WORKERS COMP ONLY: ____ AUTO ONLY: ____**㉔a STATUS:**
New License: ____ Reinstatement: ____ (CT Lic # _____) Amendment: ____ (CT Lic # _____)**Background Information****㉕ Please read the following very carefully and answer every question:**

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) A written statement explaining the circumstances of each incident,
- b) A copy of the charging document, and
- c) A copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

If you answer yes, you must attach particulars to this application.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Has the business entity or any owner, partner, officer or director been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) A written statement summarizing the details of each incident,
- b) A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) A copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) Copies of all relevant documents.

7. Is the business entity affiliated with a financial institution/bank? Yes ___ No ___

Applicant's Certification and Attestation

37 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Connecticut.
7. The applying firm either has no employees or; is enclosing either a Workers' Compensation insurance Declaration Page or Certificate of Insurance including the exact name of applicant, in accordance with Connecticut General Statute 31-284.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Title (Printed or Typed)

**RETURN TO:
Insurance Department
PO Box 816, Hartford, CT 06142-0816**